

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-011519

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 15-1

FILED MAR 27 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Independence**

Length of stay in 1b
18 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **3510 S. McCoy**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
13101 E. 39th

Inside Limits
Yes ☒ No ☐

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First **MRS. EMMA**

Middle **ELEANOR**

Last **HORNE**

4. DATE OF DEATH

Month **March**

Day **21**, Year **1962**

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Oct. 6, 1888

9. AGE (last birthday)

73

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Owensville, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Chas. A. Wolking

13b. MOTHER'S MAIDEN NAME

Dena Schulte

14. NAME OF HUSBAND OR WIFE

Wilson D. Horne, dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Ted Horne

Address

13101 E. 39th, Indep., Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

few min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary occlusion

few min

DUE TO (c)

Arteriosclerosis

unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **July 1951** to **3-21-62** and last saw her **her** on **3-5-62**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

E. A. Alexander (Degree or title)

22b. ADDRESS

Independence

22c. DATE SIGNED

3-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Mar. 23, 1962

23c. NAME OF CEMETERY OR CREMATORY

Woodlawn

23d. LOCATION (City, town, or county)

Independence, Missouri

(State)

24. FUNERAL DIRECTOR

Ott & Mitchell, Indep., Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

3-22-62

26. REGISTRAR'S SIGNATURE

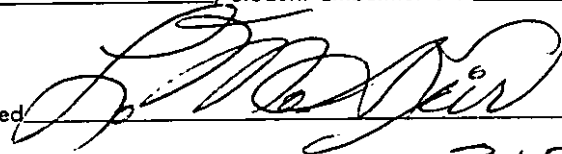
Alba L. Craig

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3156

P. O. Address Indep, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

3-22-62